

ICE RECEIPT
COMPLAINT NUMBER WCI-2023-10358
***** ICRS CONFIDENTIAL *****

To: BURKES, KEVIN L. - #275991
UNIT: _S-_H -- _H04-_L
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	07/14/2023
Date Complaint Received:	07/12/2023
Subject of Complaint:	4 - Medical
Brief Summary:	complains not receiving eye doctor appointment

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

Please write to the ICE if this issue is resolved before you receive an answer.

ICE REPORT
COMPLAINT NUMBER WCI-2023-10358
***** ICRS CONFIDENTIAL *****

To: BURKES, KEVIN L. - #275991
UNIT: _S-_E -- _E27-_U
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	07/14/2023	Inmate Contacted?	No
Date Complaint Received:	07/12/2023		
Subject of Complaint:	4 - Medical		
Person(s) Contacted:	AHSM Haseleu		
Document(s) Relied Upon:	DOC 310		
Brief Summary:	complains not receiving eye doctor appointment		
Summary of Facts:	<p>BK Inmate Burkes complains regarding not being seen by eye doctor for pain in his eyes.</p> <p>AHSM Haseleu was contacted and responded that HSU has had problems when they have tried to get optical in to see patients. AHSM Haseleu states that BHS is exploring alternatives to get providers to see patients. AHSM Haseleu does state that Inmate Burkes is an active referral to he will be scheduled when providers come in.</p> <p>Recommendation is to affirm that Inmate Burkes has not been seen by Optical provider. Through the ICRS process, the matter will also be reviewed by the Health Services Nursing Coordinator. AHSM will be copied. Inmate Burkes is on referral list for when provider is found.</p>		
ICE Recommendation:	Affirmed		
Recommendation Date:	08/18/2023		



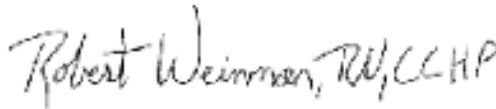
B. Kolb - Institution Complaint Examiner

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER WCI-2023-10358
***** ICRS CONFIDENTIAL *****

To: BURKES, KEVIN L. - #275991
UNIT: _S_ _E -- _E27- _U
WAUPUN CORRECTIONAL INSTITUTION
PO Box 351
WAUPUN, WI 53963-0351

Complaint Information:

Date Complaint Acknowledged:	07/14/2023
Date Complaint Received:	07/12/2023
Subject of Complaint:	4 - Medical
Brief Summary:	complains not receiving eye doctor appointment
ICE's Recommendation:	Affirmed
Reviewer's Decision:	Affirmed
Reason(s) for Decision:	BHS is following up to get optical appointments completed. The patient is encouraged to contact HSU as needed for further health concerns.
Decision Date:	08/31/2023



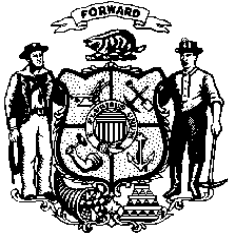
R. Weinman - Reviewing Authority

CC:

Distributed via email

Haseleu, A
Hepp, R
Sukowaty, L

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Complaint Information:

Date Complaint Acknowledged: July 14, 2023

Date Complaint Received: July 12, 2023

Subject of Complaint: 4 - Medical

Brief Summary: complains not receiving eye doctor appointment

ICE Recommendation Information: (Signed on 8/18/23 1:31:08PM):

Person(s) Contacted: AHSM Haseleu

Document(s) Relied Upon: DOC 310

ICE's Summary of Facts: BK Inmate Burkes complains regarding not being seen by eye doctor for pain in his eyes.

AHSM Haseleu was contacted and responded that HSU has had problems when they have tried to get optical in to see patients. AHSM Haseleu states that BHS is exploring alternatives to get providers to see patients. AHSM Haseleu does state that Inmate Burkes is an active referral to he will be scheduled when providers come in.

Recommendation is to affirm that Inmate Burkes has not been seen by Optical provider. Through the ICRS process, the matter will also be reviewed by the Health Services Nursing Coordinator. AHSM will be copied. Inmate Burkes is on referral list for when provider is found.

ICE's Recommendation: Affirmed

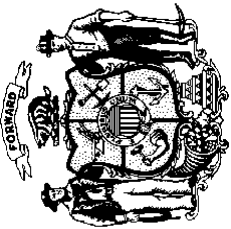
ICE's Recommendation Date: August 18, 2023

RA's Decision Information: (Signed on 8/31/23 4:29:34PM):

RA's Reason: BHS is following up to get optical appointments completed. The patient is encouraged to contact HSU as needed for further health concerns.

RA's Decision: Affirmed

RA's Decision Date: August 31, 2023



State of Wisconsin
Department of Corrections
DISTRIBUTION ITEMS
for COMPLAINT NUMBER WCI-2023-10358

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	07/14/2023 7:31:44AM	Brian Kolb	WCI	275991	07/14/2023 1:45:50PM	Brian Kolb
ICE Report	08/31/2023 4:29:33PM	Robert Weinman	WCI	275991	09/06/2023 8:34:51AM	Tonia Moon
RA Report	08/31/2023 4:29:33PM	Robert Weinman	WCI	275991	09/06/2023 8:34:51AM	Tonia Moon

INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED

COMPLAINT CODE

COMPLAINT FILE NUMBER

JUN 26 2023

JUL 05 2023

JUL 12 2023

4

WCI 2023-10358

INSTRUCTIONS FOR INMATE:

- Complete **ALL** sections of this form
- You **MUST** use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.

INMATE NAME

DOC NUMBER

HOUSING UNIT

FACILITY

Burkes, Kevin

275991

SCH

WCT

LOCATION OF INCIDENT

DATE OF INCIDENT

TIME OF INCIDENT

~~SCH~~ Hsu SCH

6-22-23

4.p.m

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the **ONE** issue, of this complaint. What remedial action are you requesting?

Denied medical treatment due to pro long lock down.

With whom did you attempt to resolve your **ONE** issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

Contacted Hsu Lsc response

What are the details surrounding this complaint?

Due to this pro long lock down, I can not get proper medical treatment for my eyes. My eye are getting worse and I've been in pain. I cant see Dr. south. because of this lock down

SIGNATURE OF INMATE

DATE SIGNED

K BWS

6-28-23

DISTRIBUTION: Original - ICTS

INSTRUCTIONS

The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

DISTRIBUTION: Original – ICTS